

Effective on 12/08/2004.

See pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

Application Number	09/476,490
Filing Date	December 30, 1999
First Named Inventor	Lindsay S. Machan
Examiner Name	HO, Uyen T.
Art Unit	3731
Attorney Docket No.	110129.411

FREE TRANSMITTAL **for FY 2006**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$455)
METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Charge any underpayments or credit any overpayments

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
<u>7</u> -72 or HP = <u>0</u> X _____ = <u>0</u>				Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>1</u> -3 or HP = <u>0</u> X _____ = <u>0</u>			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 = _____	_____ /50 = _____	_____ (round up to a whole number)	x _____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Extension-of-time fee (1 month)</u>	60
<u>Request for Continued Examination (RCE) fee</u>	395

SUBMITTED BY

Signature	<u>David L. Enfield</u>	Registration No. (Attorney/Agent)	51,017	Telephone	206-622-4900
Name (Print/Type)	David L. Enfield, Ph.D.	Date	2 November 2006		



EXPRESS MAIL NO. EV887981884US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Lindsay S. Machan *et al.*
Application No. : 09/476,490
Confirmation No. : 7911
Filed : December 30, 1999
For : STENT GRAFTS WITH BIOACTIVE COATINGS

Examiner : HO, Uyen T.
Art Unit : 3731
Docket No. : 110129.411
Date : November 02, 2006

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY & AMENDMENT UNDER 37 C.F.R. § 1.114

Commissioner:

Applicants previously submitted a Reply & Amendment after Final, dated August 04, 2006, in response to the Office Action dated February 08, 2006. As the Amendment was not entered, Applicants' submission herewith is based on that of August 04, 2006, and, accordingly, is in response to the Office Action of February 08, 2006.

Enclosed is a Request for Continued Examination in accordance with 37 C.F.R. § 1.114. Applicants filed a Notice of Appeal on August 04, 2006. Please extend the period of time for response one month, to expire on November 04, 2006. Applicants herewith submit payment of the requisite fee for a one-month extension of time, as well as the requisite fee for the above-referenced Request for Continued Examination.

Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 4 of this paper.